

HAWAII'S HEALTH AND FITNESS WEEKLY

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Photo by
JANEY P. LING

Snoring

A warning sign?

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Identifying the 'triggers'

**Cancer
crusade**

Governor Linda Lingle joins the fight

PHOTO BY JANEY P. LING

The governor's war on cancer

Linda Lingle's reaction to bad news turns out to be good thing

In the summer of 2002, Gov. Linda Lingle, then still a gubernatorial candidate, received some disturbing news—a regular screening mammogram taken while she was on Maui revealed a suspicious-looking mass in one of her breasts.

"They asked me to come back for a needle biopsy," says Lingle, recalling the minimally invasive procedure where a small amount of tissue was extracted through a hollow needle. Lab tests confirmed the presence of abnormal cells, but in November, a more conclusive surgical biopsy performed under general anesthesia gave Lingle the relief she'd hoped for—she didn't have cancer.

"I knew it wasn't going to be a very quiet thing," says Lingle of the highly publicized biopsy. "It's not something normal to live this out in public, in that fashion. But it did turn out to be such a good thing because it gave me an opportunity to talk about something that scares people (breast cancer) in a public way and bring attention to it."

Since the experience, Lingle has been a vocal advocate for cancer awareness and early detection of breast cancer through mammography.

She and others promoting mammography have their work cut out for them. Consid-

Breast cancer cure rates high

It is projected that one in eight women who live to the age of 85 will have had breast cancer. If detected in its earliest stages, the cancer is curable in 97 percent of cases. Still, not all cases are caught early, and nearly one in five women diagnosed with breast cancer will die from the disease. So what can a woman do to lower her risk?

Not much, according to breast surgeon Laura Hoque, the medical director for Kapiolani Women's Center and Kapiolani Breast Center.

"The biggest risk factor for breast cancer is being a



Dr. Laura Hoque

woman," she says, adding that women who had their first menses before the age of 12, those who had their first child after age 30 and those who have

no children are at higher risk.

Beyond that, Hoque notes, the normal risk factors for other forms of cancer don't apply to breast cancer. "Smoking is a significant risk factor for many cancers, especially lung cancer, but in breast cancer, it appears to actually have a slightly protective value. Likewise, diet is not really something that has been shown to lower the risk of breast cancer. A low-fat diet is not that helpful."

The best thing a woman can do to lower her risk of dying from breast cancer is to get a regular mammogram, advises Hoque.

ering this X-ray test is widely thought to be the best means for early detection of breast cancer, it might seem that women would follow the guidelines of getting mammograms annually after age 40, earlier for those at high risk. Yet according to a nationwide study published in June by the American Cancer Society (ACS), only one in 20 women undergo a mammography examination each year.

On the surface, research suggests that compliance with the guidelines is higher in Hawaii. In a 2001 study conducted by the Hawaii State Department of Health, 77 percent of women aged 40 and older said they had received a mammogram in the past year and 91 percent said they had received a mammo-

gram at least once in their lives.

However, according to Barbara Wade Burton, senior program specialist of the ACS/Hawaii Pacific headquarters, those statistics may not be accurate. "The findings are from a self-administered questionnaire," she says. "It's assumed that women accurately remember when they had their last mammogram. I am not sure that's always the case."

Statistics from the Mountain Pacific Quality Health Foundation (MPQH), suggest Burton may be right. Headquartered in Montana, MPQH has a contract with the federal government to monitor the quality of Medicare services in several western states as well as Hawaii, Guam and Saipan.

Keely Kalama-Lahey, MPQH

communications director, says that only 43 percent of Hawaii women aged 50 to 67 who are covered by Medicare had a mammogram claim filed with the federal agency for the three-year period from 1999 to 2001. She acknowledges that these women may, in fact, be getting mammograms, though paid for by other health insurance. Still, the discrepancy raises questions about how many women in Hawaii actually are getting the screenings they should.

Getting a regular mammogram appears to significantly reduce a woman's risk of dying from breast cancer. Among women in the ACS study who were diagnosed with invasive breast cancer, those who received annual mammograms had the lowest risk of death

(11.97 percent) compared to women who received five mammograms in 10 years (16.01 percent) or once every five years (25.26 percent).

"Breast cancer caught at its earliest stages is 97 percent curable," says Dr. Laura Hoque, Lingle's physician and the medical director for Kapiolani Women's Center and Kapiolani Breast Center. If caught in later stages, she adds, survival rates for breast cancer drop to as low as 20 percent.

So what keeps women from getting annual mammograms? "They're scared of what they are going to find out," suggests Lingle. "If you think by not getting checked you can avoid it—that if you don't know, somehow it won't hurt you—it doesn't work that way. It can happen to anybody."

While Lingle didn't have cancer, the mass found in her breast, known as Lobular Carcinoma In Situ, puts her at high risk and means that she now must get mammograms every six months. She views getting the added testing as something she must do to ensure her good health.

"People need to take personal responsibility for their own health," says Lingle. "We're all stuck with whatever genes we have, but beyond that, our lifestyle choices really determine our quality of life. Whether it's a mammogram for women or a prostate screening for men, medicine is telling us that these are basic things and if we choose to take personal responsibility, we'll have a better quality of life."



A pleasant alternative to mammography?

A universal complaint among women regarding mammography is the discomfort of the procedure. To ensure good X-ray images, each breast must be tightly compressed between two flat plates on the mammography machine. The discomfort has caused some to consider alternative breast cancer-screening techniques.

Kapiolani Breast Center is currently conducting a study among high-risk patients to compare mammography and ultrasound, according to the center's medical director, Dr. Laura Hoque.

"Ultrasound is not a substitute for mammography," she stresses. "What we are looking for on the mammogram is

something called calcifications—tiny calcium deposits that only show up in mammography. Ultrasound looks for lumps."

She suggests the two procedures may work best in conjunction. Recently, one of her patients had a normal mammogram, but was later

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Breast: seeking alternatives

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found through ultrasound to have a small lump in her breast. A biopsy confirmed the mass was cancerous, and the patient was referred for surgery.

Thermography, which supposedly detects the warmer cancerous tissue among the cooler normal breast tissue, also has been touted as an

alternative to mammography, but Hoque does not recommend it. "These tests are not easy to read, and the procedure isn't all that comfortable either," she says. "You have to sit in a cold room, bare from the waist up, holding your arms above your head. Some people think thermography is more natural, but it is in no way a replacement for a mammogram."